Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	3-3-2014	Address:	1110 Greenaway Place Apt A
Incident #:	14ispc001753		New Albany, In
County :	Floyd		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
 Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ✓ One Pot or Birch Reaction(s): Outside Trash w/Household Garbage 			
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s): Outside Trash w/Household Garbage			
Flammable Solvents: Outside Trash w/Household Garbage			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base: <u>Bedroom</u>			
Other (item and location):			
Vehicle Information:			
Owner: VIN: Year:		Make: Model:	
Child under	age 18 discovered (check appropriate)		
\bigvee Yes $\underline{1}$ (n	umber present)	Living condi unclean	tions of home: clean disarray
Children	not present but evidence they reside	Estimated lea	ngth of time manufacturing had been
or visit often		occurring: Additional Ir	nformation:
This report has been faxed* or emailed to the following agencies that serve the location:			
Health Depar	ent City, Township or County <u>New Al</u> tment County: <u>Floyd Co</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: Email	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: K Smith Phone 812-246-5424			

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.